



PROJECT CLOSURE

Program ☐ CMAQ ☐ Safe Routes to School ☐ Scenic Byways ☐ Transportation Enhancement

Project Contract/ID Number _____

Project Title _____

Applicant/Sponsor _____

Project County _____

Project Completion Date _____

1. Please complete the final budget form attached, noting that each item has been completed and the source for the matching funds. If an item was not completed, please attach a typed, detailed explanation for the discrepancy.
2. Please attach photos of the completed project. Include both interior and exterior photos if applicable.

Sponsor Certification:

As the sponsor of the above Office of Local Programs project, I hereby certify that:

- ◆ The project has been completed consistent with the contract executed by and between the Kentucky Transportation Cabinet and the sponsor.
- ◆ The final reimbursement request has been submitted, and the project account may be closed.
- ◆ All construction is complete, and approved plans and specifications were followed during this process.
- ◆ A long-term maintenance plan has been prepared and implemented.

Signature of Sponsor

Title

Date

For KYTC Personnel

The project above has been thoroughly reviewed, and an on-site inspection has been completed. I have determined that the project was completed consistently with the project Contract and recommend closure of the project. The final invoice for expenditures has been reimbursed, and all matching funds have been documented.

Signature of KYTC Representative & Title

Date

Description of Item/Activity	Project Funds	Match Funds	TOTAL	Completed
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TOTALS				

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